تمر	PATENT	APPLICATIO Effec	ON FEE D			ION RECO	RD	. I	Application	17	ocket Nyr	nber	
CLAIMS AS FILED - PART I SMALL ENTITY (Column 1) (Column 2) TYPE												OTHER THAN SMALL ENTITY	
T	TAL CLAIMS	•	18				ł	RATE	FEE	OR 7	RATE	FEE	1
FC	ıR ·		NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00	7
TC	TAL CHARGE	ABLE CLAIMS	/£minus 20≈		.0			XS 9#		OR	XS18=		1
NI	EPENDENT C	AIMS .	minus 3 =		.0			X43=		1	X86=		1
		IDENT CLAIM P	RESENT							OR			1
If the difference in column 1 is less than zero, enter "0" in column 2								+145=		OR	+290=		4
Ħ	ו או	•				column 2		TOTAL	L	OR	TOTAL	7.30	┩゙
•	MICC	LAIMS AS A	MENDE					SMALL	ENTITY	OR	OTHER		
ť	7 10 01	(Column 1) CLAIMS		(Colum	EST	(Column 3)	ſ	1	ADDi-	1		ADDI-	1
۲ •	11	REMAINING AFTER		PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	-
	Total	AMENDMENT	Minus	PAID	73/Y	. 7	ŀ	X\$ 9=	1		X\$18=	577	1
	Independent	7	Minus	***	3	=	ł		<b>\</b>	OR	X86=		1
	FIRST PRESENTATION OF MI				CLAIM	AIM 🗍		X43=	-	OR	X86=		-
-						<del></del>		+145=	\	OR	+290=	m r	1
	11-1	- 22	•				. <u>-</u>	TOTAL		OR	YOYAL ADDIT, FEE	00	]
	·	(Column 1)		(Colum		(Column 3)							
AMENUMEN'S	٠	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 21	Minus	<b>-</b> ¢	2.)	9	Γ	X\$ 9=	·/	OR	X\$18=.	)	
	Independent	• 3	Minus	***	3	B		X43=	1	OR	X86=.		1
⋖	FIRST PRESE	NTATION OF MIL	ILTIPLE DEI	PENDENT	CLAIM	. 🔲	-						1
	•						L	+145=	<del>  \</del>	OR	+290=		4
		•				•	A	DOM, FEE		OR	ADDIT. FEE		4
_		(Column 1)		(Cólun		(Column 3)	_					,	_]
	•	REMAINING AFTER AMENOMENT	·	NUME PREVIO PAID I	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	_
	Total	•	Minus	••		•	Γ	X\$ 9=		OR	X\$18=		1
	Independent	•	Minus	-		6	t	X43=		OR	X86=		1
•	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									<b>υ</b> π			1
	1 <b>1 1 1 1 1 1 1 1 1 1</b>	4 la lava Mara '-				<b>5</b>	L	+145=		OR	+290=		_
- 1	the "Highest Nur I the "Highest Nur	mn 1 is less than th mber Previously Pa mber Previously Pa iber Previously Pali	LE FOR IN THE	S SPACE is S SPACE is	less tha	n 20, enter "20." In 3, enter "3."		YOTAL DOIT, FEE	ovocriate bo	•	ADDIT. FEE	• •	4

Patient and Trademists Office, U.S. DEPARTMENT OF COMMERCE